## **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



DLN: 93493103003009

# Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Open to Public

Department of the Treasury

	Revenue S		1110 01	gamzation may have to use a	СОР	or this return to satisfy		, requirements	Inspection		
			lendar yea	r, or tax year beginning 01-01 C Name of organization	L-2008	and ending 12-31-20	08	D Employer i	dentification number		
_	eck if ap	•	Please use IRS	FOUNDATION FOR RESEARCH OF	N ECONO	OMICS AND					
_	dress cha		label or	THE ENVIRONMENT Doing Business As		94-3170425 E Telephone number					
_	me chan		print or type. See					(406) 585	5-1776		
_	ial returi		Specific Instruc-	Number and street (or P O box 662 FERGUSON RD	ıf maıl ıs	s not delivered to street addr	ress) Room/suite		ipts \$ 1,040,048		
_	mınatıor		tions.	OOZ TERGOSON RD							
- Am	ended re	eturn		City or town, state or country, ar BOZEMAN, MT 59718	nd ZIP +	- 4	•				
App	olication	pending		BOZEMAN, THE SOFTO							
			<b>F</b> Nar	ne and address of Principal O	fficer		H(a) Is thu	s a group retu	rn for		
				HN BADEN RGUSON ROAD			affilia		┌ Yes		
				1AN,MT 59718			H(b) Are all	l affiliates inclu	ided?		
<b>r</b> Ta	x-exemp	pt status	<b>501(c</b> )	) ( 3 ) ◀ (insert no )	(1) or	527	` ´		st See instructions )		
ı w	eb site	: F WW	W FREE-E	CO ORG				p Exemption I			
∢ Тур	e of orga	anızatıon	✓ Corporat	ion trust association other	<b> -</b>		L Year of Fo	rmation 1985	<b>M</b> State of legal domicile MT		
Pa	rt I										
				e organization's mission or m			VDI 0.55	EBUGAETE	IBINIBULE C. T. T. T.		
<u>2</u>				CS, SCIENFIFIC ANALYSIS DLUTIONS TO ENVIRONME			XPLORE AND	EDUCATE IN	IDIVIDUALS ABOUT		
Ē	[										
Governance	2	Check t	his box 🖵	ıf the organization discontinu	ed its	operations or disposed	of more than 2	5% of its ass	ets		
	3	Number	of voting r	nembers of the governing bod	ly (Par	t VI, line 1a)		3	12		
<b>ර</b> ර	4	Number	ofındeper	ndent voting members of the g	joverni	ng body (Part VI, line 1	.b)	. 4	11		
iii	5	Total nu	mber of er	nployees (Part V , line 2a) .				5	10		
Activities &	6	Total nu	mber of vo	lunteers (estimate if necessa	ary) .			6			
ĕ	7a -	Total gr	oss unrela	ted business revenue from Pa		<b>7</b> a	0				
	ь	Net unre	lated busi	ness taxable income from For		71	)				
					Prio	r Year	Current Year				
۵.	8	Contrib	outions and	d grants (Part VIII, line 1h)				711,784	744,834		
Rayenue	9	Progra	m service	revenue (Part VIII, line 2g)			0				
łąve	10			me (Part VIII, column (A), lin	•	•		38,492 -14,924			
_	11		•	art VIII, column (A), lines 5,					5,372		
	12	Total re	evenue—a	dd lines 8 through 11 (must e	qual P	art VIII, column (A), li	ne	795,483	735,282		
	13		and sımıla	ar amounts paid (Part IX, colu	ımn (A	), lines 1-3)		·	0		
	14	Benefit	s paid to c	or for members (Part IX, colun	nn (A),	line 4)			0		
	15	Salarıe	s, other co	ompensation, employee benef	its (Pa	rt IX, column (A), lines	5 –				
Expenses		10)						359,689	398,042		
<u>ক</u>	16a	Profess	sional fund	raising fees (Part IX, column	(A), lir	ne 11e)			0		
ठ	Ь		_	penses, Part IX, column (D), line 25							
	17		•	(Part IX, column (A), lines 11				387,847	346,500		
	18		•	add lines 13–17 (must equal		747,536					
± 27	19	keveni	ie iess ext	penses Subtract line 18 from	iine 12	4	D = x-1 1	47,947	-9,260		
Net Assets or Fund Balances		<b>.</b>	· <del>/-</del>	+ V . I			Beginni	ng of Year	End of Year		
989 188	20		-	rt X, line 16)				1,443,427	1,247,524		
# E	21		,	Part X, line 26)				22,021	19,276		
	22			d balances Subtract line 21	from lu	ne 20		1,421,406 1,228,248			
Pai	rt II		ature Bl			- L		<b></b>	a the best of my		
				гјигу, I declare that I have examine correct, and complete Declaration o							
Plea		****	**				2009-	-04-03			
Sign		Signa	ture of office	er	Date						
Here	E		OHN BADEN								
		Туре	or print nam	e and title							
		Preparer	C - C -	ni S Franco CDA		Date	Check if Preparer's PTIN (See Gen Inst ) self-				
Paid		signatur	e <b>F</b> Stere	nı S Freese CPA	empolyed 🕨						
-	arer's		ame (or you	rs 👠 Anderson ZurMuehlen & Co PC	С	1	<u> </u>	EIN Þ			
Jse	Only		mployed), and ZIP + 4	1007 East Main Suite 300				LIN F			
				Bozeman, MT 59715				Phone no 🕨	(406) 556-6160		
				DOZGINANI, PH J3/1J							

May the IRS discuss this return with the preparer shown above? (See instructions) . .

### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission CONDUCT SEMINARS AND CONFERENCES PROBLEMS		TICLES TO GENERATE AND EXI	PLORE ALTERNATIVE SOLUTIONS TO E	NVIRONMENTAL
2	Did the organization undertake a	ny significant program serv	vices during the vear whi	ch were not listed on	
_	the prior Form 990 or 990-EZ? If "Yes," describe these new serv				s 🔽 No
3	Did the organization cease condiservices?	ucting or make significant o	changes in how it conduc		s 🔽 No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ac Section 501(c)(3) and (4) organ others, the total expenses, and r	ızatıons and 4947(a)(1) trı	usts are required to repo		
4a	(Code ) (Exper	nses \$ 567,230	ıncludıng grants of \$	) (Revenue \$	)
	CONDUCT SEMINARS AND CONFERENCE PROBLEMS	CES AND I RODOCE BOOKS AND I	ANTICLES TO GENERALE AND	EXILENCE ALLENVATIVE SOLOTIONS TO	LIVERONITENTAL
4Ь	(Code ) (Exper	nses \$ I	ncluding grants of \$	) (Revenue \$	)
<b>4c</b>	(Code ) (Exper	nses \$ I	ncluding grants of \$	) (Revenue \$	)
4d	Other program services (Desc (Expenses \$	ribe in Schedule O) including grants of \$	<b>,</b>	) (Revenue \$	)
4e	Total program service expense	s \$ 567,230	Must equal Part IX, Line	e 25, column (B).	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and $III$	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	28		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return	10		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by th	ıs		
	return?	. 3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	ty		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь				
_	If "Yes," enter the name of the foreign country	<del></del>		
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibi	ted		
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	. 6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	gıfts 6b		
7	were not tax deductible?	. 60		
	Did the organization provide goods or services in exchange for any guid pro quo contribution of \$75 or	7a		Νο
a	more?	74		NO
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require			
_	file Form 8282?	<u>7c</u>		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persona	ı		
	benefit contract?	. 7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	. 7h		NI a
8	required?	. /"		Νο
0	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization,	have		
	excess business holdings at any time during the	8		
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		
a b		9a 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
a	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Section A. Governing Body and Management

Yes

11

Νo

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines	2-7 helow and for a "No" resp	onse to lines 8 or 9h helow	describe the circums

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a		Νo
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14		No
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a		Νo
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DR JOHN BADEN 622 FERGUSON ROAD Bozeman, MT 59718 (406) 585-1776

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
THE HONORABLE DANNY J BOGGS		Х						0	0	0
MS DEECY STEPHENS GRAY		Х						0	0	0
PROFESSOR JAMES HUFFMAN		Х						0	0	0
JOHN L MCCORMACK		Х						0	0	0
DR R NEAL WILKINS PHD		Х						0	0	0
LEON ROYER		Х						0	0	0
JOHN A VON KANNON		Х						0	0	0
THE HONORABLE EDITH BROWN CLEMENT		Χ						0	0	0
THE HONORABLE EDWIN MEESE III		Х						0	0	0
PROFESSOR JONATHAN H ADLER JD		Х						0	0	0
MR JOHN G KESTER		Х						0	0	0
DR JOHN A BADEN	40					Х		144,095	0	0

#### Part VIII Continued

		(C) Position (check all that apply)							(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
1b Total							<b>F</b>	144,095	<u> </u>	

- 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

Stat	eme	nt o	f Re	venu
------	-----	------	------	------

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
##	1a	Federated camp	paigns 1a	744,834				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es					
ું. E	c	Fundraising eve	ents <b>1c</b>					
# <u>E</u>	d	Related organiz	ations 1 <b>d</b>					
<u>ع ک</u>	e	Government grants	s (contributions) <b>1e</b>					
fior S	f	All other contribution	ons, gifts, grants, and <b>1f</b>			İ		j j
章	g		butions included in					
풀풀								
ပည	h	Total (Add lines	s 1a-1f)	*	744,834			
<b></b>				Business Code				
nue	2a							
جد <u>ج</u> و	b							
93 -	c							
5. 10	d							
<i>ঐ</i> ⊆	e							
er Pa	f	All other progra	m service revenue					
Program Serwice Revenue		Tab-1 4 1177	2- 26					
	g 3		2a-2f					
	3		ome (including dividen		26,483			26,483
	4		nounts) tment of tax-exempt bond					
	5							
		,	(ı) Real	(II) Personal				
	6a	Gross Rents		,				
	ь	Less rental						
	<sub>c</sub>	expenses Rental income						
	d	or (loss)	me or (loss)	<u> </u>				
	<u> </u>	Net Telltal IIICol	(i) Securities	(II) O ther				
	7a	Gross amount	263,359	(ii) o thei				
		from sales of assets other						
	Ь	than inventory Less cost or	304,766					
	"	other basis and sales expenses	301,700					
	l c	Gain or (loss)	-41,407					
	d	Net gaın or (los	s)		-41,407	-41,407		
	8a	Gross income fi events (not incl \$						
Other Revenue		of contributions See Part IV, lin <i>Attach Schedule</i>	G if total exceeds					
æ			a					
<u> </u>	b		penses b	events -				
돌	c 9a		loss) from fundraising	events F				
-	94	See part IV, lın	rom gaming activities e 19 ule G if total exceeds a					
	ь	Less directexi	penses b					
	c		loss) from gamıng actı					
	10a	Gross sales of returns and allo						
	b c		oods sold <b>b</b> loss) from sales of inve	entory ►				
		Miscellaneous	Revenue	Business Code				
	11a	MISCELLANEO	US		5,372			5,372
	ь							
	c							
	d	All other reven	ue					
	a   e		i 11a-11d	\$				
				5,372				
	12		Add lines 1h, 2g, 3, 4, le	5,6d,7d,8c,	735,282	-41,407	0	31,855

### Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not reference in the section of the se				<u> </u>
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	144,095	93,417	23,977	26,701
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	157,219	101,938		29,115
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	77,587	70,476	-13,025	20,136
10	Payroll taxes	19,141	17,304	-3,154	4,991
11	Fees for services (non-employees)				
а	Management				
b	Legal	14,894	10,136	1,862	2,896
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other				
12	Advertising and promotion	16,530	11,571	1,653	3,306
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	63,429	44,401	6,342	12,686
17	Travel	163,970	138,551	8,908	16,511
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	93		93	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,197	9,938	1,420	2,839
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	HONORARIA	40,000	40,000		
b	OFFICE EXPENSE	28,586	24,397	-1,684	5,873
c	DUES & SUBSCRIPTIONS	3,948	3,773	-903	1,078
d	CONTRIBUTIONS	812		812	· · · · · ·
e	LIBRARY ACQUISITION	425		425	-
f	All other expenses	-384	1,328	-2,084	372
25	Total functional expenses. Add lines 1 through 24f	744,542	567,230	50,808	126,504
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint	,512	- 5.,,250	35,555	
	costs from a combined educational campaign and fundraising solicitation				200 (3.000)

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(E End o	<b>3)</b> fyear
	1	Cash—non-interest-bearing			613,687	1		954,960
	2	Savings and temporary cash investments			308,629	2		270,937
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
20	9	Prepaid expenses and deferred charges				9		
ssets	10a	Land, buildings, and equipment cost basis	10a	130,495				
⋖	ь	Less accumulated depreciation Complete Part VI of	104	100,400				
		Schedule D	10b	111,355	· · · · · · · · · · · · · · · · · · ·			19,140
	11	Investments—publicly traded securities			488,261	11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i>				12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Pair Of Schedule D$ .	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			2,487	15		2,487
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,443,427	16		1,247,524
	17	Accounts payable and accrued expenses .		1,071	17		1,471	
	18	Grants payable			18			
	19	Deferred revenue				19		
100	20	Tax-exempt bond liabilities				20		
<u>ā</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			20,950	23		11,972
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		5,833
	26	<b>Total liabilities.</b> Add lines 17 through 25			22,021	26		19,276
<b>У</b>		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complet through 29, and lines 33 and 34.	ete lin	es 27				
S D	27	Unrestricted net assets			921,406	27		648,248
Balance	28	Temporarily restricted net assets				28		80,000
됻	29	Permanently restricted net assets			500,000	29		500,000
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	comp	let e				
S O.	30	Capital stock or trust principal, or current funds				30		
Ř	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fun				32		
Net	33	Total net assets or fund balances			1,421,406	33		1,228,248
<u>z</u>	34	Total liabilities and net assets/fund balances			1,443,427	34		1,247,524
Da	rt XI	Financial Statements and Reporting						
1.4							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493103003009

OMB No 1545-0047

### Open to Public Inspection

### SCHEDULE A

(Form 990 or 990FZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-F7. See separate instructions.

**Public Charity Status and Public Support** 

Name of the organization Employer identification number FOUNDATION FOR RESEARCH ON ECONOMICS AND THE ENVIRONMENT 94-3170425 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of

its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally Integrated Type III - Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization,

check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the

following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports h

Yes No 11g(i) 11q(ii) 11q(iii)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		organization in col (i) listed in your governing document?		the orga	(v) Did you notify the organization in col (i) of your support?		s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
-											
Total											

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	8 of Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,316,858	961,796	655,835	713,984		744,834	4,393,307
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add line 1-3	1,316,858	961,796	655,835	713,984		744,834	4,393,307
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							1,866,616
6	Public Support subtract line 5 from line 4							2,526,691
Т	otal Support	'	•		•			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,316,858	72,673	655,835	713,984		744,834	4,393,307
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	8,392	72,673	17,454	38,492	26,483		163,494
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	905	10,954	5,991	55,239		-36,035	37,054
11	Total Support (Add lines 7 through 10)							4,593,855
12	Gross receipts from related activities, etc	(See instructions	s)	<u> </u>	•	12	•	
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	entage			tax year as a 5	01(c)(	3) I	<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıdı	ed by line 11 co	lumn (f))		14		55 000 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		61 190 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizatio	on	·			<b>▶</b> ▼
	box and <b>stop here.</b> The organization qualified <b>10% Facts and Circumstances Test - 2008.</b> more, and if the organization meets the "factors are the state of the	es as a publicly s If the organization ots and circumsta	supported organ in did not check ances" test, che	ization a box on line 13 cck this box and	3, 16a, or 16b a <b>stop here.</b> Expl	ınd lıne laın ın	e 14 is 10º Part IV ho	► % or ow the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "facts and circumstances  the "facts and circumstances the "facts and circumstances the "facts and circumstances the "facts and circumstances the "facts	If the organizationstand	n did not check ances" test, che	a box on line 13 eck this box and	3, 16a, 16b, or : stop here. Expl	17a ar Iaın ın	nd line 15 i Part IV ho	
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did							►□

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (e)** 2008 (a) 2004 **(b)** 2005 (d) 2007 Calendar year (or fiscal year beginning in) (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 0 % Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage** Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 **17** 0 % 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** FOUNDATION FOR RESEARCH ON ECONOMICS AND THE ENVIRONMENT 94-3170425 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

**►** \$

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Part	***	Organizations Maintaining Co	llections of Art,	His <sup>.</sup>	tori	<u>cal Tr</u>	easur	es, or Otl	<u>her</u>	Similar	Asse	ts (co	ntınued)
3		ng the organization's accession and other s (check all that apply)	r records, check any	of th	e foll	owing t	hat are	a sıgnıfıcan	t us	e of its co	llection		
а	$\sqcap$	Public exhibition		d	$\vdash$	Loan	orexch	ange progra	ms				
Ь	$\Gamma$	Scholarly research		e	Γ	Other							
С	$\vdash$	Preservation for future generations											
4	Prov Part	ride a description of the organization's co XIV	ollections and explain	how	v the	/ furthe	r the or	ganızatıon's	exe	mpt purpo	se in		
5		ng the year, did the organization solicit o ets to be sold to raise funds rather than t			,				sımı	ar	Γ,	res (	Г No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						nization an	swe	red "Yes	" to Fo	rm 9	90,
1a		ne organization an agent, trustee, custod uded on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontrıbu	tions oi	other asset	ts no	ot	Γ,	<b>'</b> es	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table										
											A mou	nt	
С	Beg	ınnıng balance						1	c				
d	Add	itions during the year						1	d				
e	Dıst	ributions during the year						1	e				
f	End	ıng balance						1	f				
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line	21?							Γ,	⁄ es	┌ No
b	If "Y	es," explain the arrangement in Part XIV											
Pa	r <b>t V</b>	Endowment Funds. Complete											
_	_		(a)Current Year 500,000	(b)	Prior \	'ear	<b>(c)</b> Two	Years Back	( <b>d)</b> TI	ree Years B	ack (e)	Four Ye	ears Back
1a		nning of year balance	300,000										
Ь		tributions											
с		estment earnings or losses											
d		nts or scholarships											
e		er expenditures for facilities programs											
f		ninistrative expenses											
g	End	of year balance	500,000										
2	Prov	ide the estimated percentage of the yea	r end balance held as										
а	Boar	d designated or quasi-endowment 🕨											
b	Pern	nanent endowment 🕨											
c	Tern	n endowment 🕨											
3a		there endowment funds not in the posses	ssion of the organizat	ıon t	that a	re held	l and ad	lmınıstered 1	for t	he			
	_	nization by								r		Yes	No
		nrelated organizations			•				•		3a(i)		N o
L		related organizations							•		3a(ii)		N o
ь 4		es" to 3a(II), are the related organization cribe in Part XIV the intended uses of the	•						•	!	3b		
	t VI						90 Da	rt X line 1	<u></u>				
Fal	LAT	investments—Land, buildings	s, and Equipmen	<b>L.</b> 3		) Cost o		(b)Cost or ot					
		Description of investment				sis (inves		basis (other		(c) Depre	ciation	( <b>d</b> ) Bo	ok value
1a	Land												
	Buildi	•											
c	Lease	ehold improvements		•									
		ment		•									
е	Other							133,	264		111,355		21,909

uncertain tax positions under FIN 48

(a) Description of security or cateory	(b)Book value	(c) Method of valuation
(including name of security)	(2,500% 74140	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests Other		
o thei		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>+</b>	
Part VIII Investments—Program Related.	See Form 990 Part X line 1	3
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total (Column (b) should agual Form 999, Part V, col (P) line 12.)	<b>b</b>	
	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	<b>(b)</b> Book value 2,48
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Description	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Description	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Description	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Description	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	2,48
Part IX Other Assets. See Form 990, Part X, (a) Desconther CURRENT ASSETS  Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15.)	
Other Assets. See Form 990, Part X, (a) Desconter CURRENT ASSETS  Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X	ne 15.)  t X, line 25.	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) lin  Part X  Other Liabilities. See Form 990, Part  (a) Description of Liability	ne 15.)	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.  (b) A mount	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X  (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.  (b) A mount	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.  (b) A mount	2,48
(a) Desorther Current Assets  Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	ne 15.)  t X, line 25.  (b) A mount	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.  (b) A mount	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.  (b) A mount	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.  (b) A mount	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.  (b) A mount	2,48
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes	ne 15.)  t X, line 25.  (b) A mount	2,48

Par	t XI Reconciliation of C	hange in Net Assets from Fori	m 990	to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	735,282
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	744,542
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-9,260
4	Net unrealized gains (losses) o	n investments				4	-183,898
5	Donated services and use of fa					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	†
9	Total adjustments (net) Add III	nes 4 - 8				9	-183,898
10	• , ,	per financial statements Combine line	s 3 and	9		10	-193,158
Pari		evenue per Audited Financial			ts With Revenue i	er R	
1		r support per audited financial stateme				1	769,634
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	.   :	2a	-183,898		
b	Donated services and use of fa	acılıtıes		2b			
c	Recoveries of prior year grants	s	. $\Gamma$	2c			
d	Other (Describe in Part XIV)		🗀	2d	218,250		
e	Add lines <b>2a</b> through <b>2d</b> .					2e	34,352
3	Subtract line ${f 2e}$ from line ${f 1}$ .			•		3	735,282
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. L	4a			
b	Other (Describe in Part XIV)		. L	4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	
5	Total Revenue Add lines <b>3</b> an	d <b>4c.</b> (This should equal Form 990, Par	rt I, lıne	12)		5	735,282
		xpenses per Audited Financia				s per	
1		audited financial statements				1	744,542
2		t not on Form 990, Part IX, line 25	1		l		
a		acilities		2a			
b			-	2b		-	
с		Part IX, line 25	· ·	2c		-	
d	Other (Describe in Part XIV)			2d		1	
е -	Add lines 2a through 2d			•		2e	
3	Subtract line 2e from line 1 .			•		3	744,542
4		0, Part IX, line 25, but not on line 1:	1		I		
a	•	uded on Form 990, Part VIII, line 7b		4a		-	
b	Other (Describe in Part XIV)		• [	4b			
с -	Add lines 4a and 4b					4c	744.543
5 Dar	t XIV Supplemental Inf	nd <b>4c.</b> (This should equal Form 990, Pa	rt I, line	18)		5	744,542
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 9, 9, Part XII, lines 2d and 4b, and Part XI	•		•	art XI\	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	
		1	1				

Part XIV Supplemental Information(continued)			
Ident if ier	Return Reference	Explanation	

Schedule D (Form 990) 2008

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**SCHEDULE 0** 

(Form 990)

Department of the Treasury
Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public

Internal Revenue Service	 Inspection
Name of the organizat	Employer identification number
THE ENVIRONMENT	94-3170425

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE EXECUTIVE VP AND OFFICE MANAGER REVIEW THE 990 BEFORE FILING
Form 990, Part VI, Section C, line 19		ANNUAL REPORTS WHICH INCLUDE FINANCIAL STATEMENTS AND GRANT PROPOSALS ARE MADE AVAILABLE TO THE PUBLIC AND UPON REQUEST

For Paperwork Reduction Act Notice, see the Instructions for Form 990

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Schedule O (Form 990) 2008